



TRAVEL EXPENSE REPORT

Documentation/Request for Reimbursement

Name of Traveler				Department	Traveler's Ext.
Campus Address				ACCOUNT CHARGED	
Pomona College				ACCOUNT CHARGED	
STREET ADDRESS				DISBURSEMENT INSTRUCTIONS (CHECK APPROPRIATE BOX)	
CITY	State	ZIP		NOTE: If none is chosen, check will be sent to payee.	
TRIP SUMMARY					
DATE	FROM	TO	TRANSPORTATION MODE	<input type="checkbox"/> HOLD FOR PICK-UP <input type="checkbox"/> CALL _____ FOR PICK-UP	
			Air	<input type="checkbox"/> DIRECT DEPOSIT _____	
				<input type="checkbox"/> MAIL TO: _____	

PURPOSE OF TRAVEL

Presented research at:

Month/Year	Location(s)	Lodging	Meals(8)			Incidentals(9)	Transportation(10)				Total Expenses For Day		
			Breakfast	Lunch	Dinner		Cost of Trans.	Type Used	Toll road Parking	Private Car Use 58.5cents/mile Miles		Amount	
Day	Where expenses were incurred												
<i>Page</i> _____		SUBTOTALS		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<i>Excess Beyond Maximum Allowed by Approving Department</i>													
TRAVEL EXPENSES							\$					\$	-
REGISTRATION												\$	-
TOTAL EXPENSES												\$	-

	Less Prepaid Expenses	\$ _____
	Refund to College	\$ _____
	Amount due to Traveler	\$ _____

Signature of Traveler *DATE*

Department Administrative Coordinator *DATE*

Signature from Associate Deans Office *DATE*

Business Office Approval *DATE*